

US Decisions Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 782-4560
Fax: (512) 870-8452

Patient Clinical History (Summary)

X with a date of injury X. The patient was reportedly injured due to X. X was diagnosed with X.

On X, X was evaluated by X, MD for X pain. The symptoms had a sudden onset. The pain was located at X. The frequency of episode was daily, and the pain was described as a X. X rated the pain as X. X activity was severely limited by pain and any activity exacerbated the pain. The symptoms had improved X. Examination showed, X was using a X. X painful X. There was X. X test was X. X with increased X. X was X.

On X, X returned to Dr. X for continued X. The examination findings remained unchanged. However, X reported significant benefit. X continued to have X. X reported having significant pain at X. X had completed X. X was increased to X. X had X and was in a lot of pain at the time. X continued X program. When appropriate the laboratory studies would be ordered.

A CT scan of the X dated X revealed X.

Treatment to date consisted of medications X Per the Physician Advisor Report by X, DO dated X. The request for X was non-certified. Rationale: "Official Disability Guidelines state X are recommended as a short-term treatment for X. X loading to X pain. X must be well documented, along with X examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless documented pain, X. A request for the procedure in a patient with X requires additional

documentation of X. Repeat X should require documentation that previous block produced a minimum of X pain relief and improved function for at least X. In this case, the patient complained of X. A CT of the X revealed X. X was recommended to undergo an X. However, there was no documentation of X on X examination. There was no documentation of at X. In addition, there was no documentation of symptoms worsening associated with X. Therefore, the request for X is non-certified.”

Per the Physician Advisor Report by X, MD dated X the request for X was denied. It was determined that the recent past clinical note dated X indicated that X was displaying X, the physician did not address the prior determination issues fully to include X response to X to support that X would be of any substantial benefit. Given that the guidelines require documentation of at X and improved functioning for at X with documentation of decreased X, X did not meet the guideline criteria for an X. As such, in accordance with the previous denial, the request for a X was denied.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X: X : X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient’s X examination fails to document a X. The patient’s objective functional response to X is not documented. There is no documentation of any recent active treatment. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain

- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031